

# Northshore Home Educators Association (NHEA)

## Request for Reimbursement

1. All expenses must be approved by the Event Coordinator prior to spending.
2. Fill this form out completely.
3. Attach copies of all receipts that apply to this reimbursement.
4. This form should be approved by the Event Coordinator and turned in for reimbursement within 2 weeks after the event. Forms submitted more than 90 days after event will not be accepted.

GENERAL DESCRIPTION OF ITEMS	EVENT NAME	AMOUNT
	<b>TOTAL:</b>	

Pay To: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Submitted by and/or Approved by the Event Coordinator: \_\_\_\_\_

Please send your completed Request for Reimbursement to the Treasurer either by email or by mail.

Email: [treasurer@northshorehea.org](mailto:treasurer@northshorehea.org); Mail: A. Bosarge 66 Mary St. Madisonville, LA 70447

Every effort will be made to mail reimbursement checks the day the completed form is received.

Updated 07/31/25

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## Request for Direct Payment to a Vendor

Use this form if you know the Vendor's Name and the exact amount to be paid; this avoids you having to pay costs yourself and then request reimbursement.

Event: \_\_\_\_\_

Coordinator: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

In the amount of: \$ \_\_\_\_\_

What is the cost for? (i.e. facility use, etc) \_\_\_\_\_

Please attach (or scan if by email) any applicable vendor receipts/invoices.

Do you want this check mailed directly to the vendor? Y/N

If yes, please provide the mailing address to send it to:

Vendor Name: \_\_\_\_\_

To attention of: \_\_\_\_\_

Address: \_\_\_\_\_

If no, please provide your mailing address and the check will be mailed to you:

Submitted by and/or Approved by the Event Coordinator: \_\_\_\_\_

Send this request to the Treasurer either by email (if scanned) or by mail.

Email: [treasurer@northshorehea.org](mailto:treasurer@northshorehea.org)

Mail: Allie Bosarge 66 Mary St. Madisonville, LA 70447